

County:

INDIANA STATE BOARD OF ANIMAL HEALTH

Use No. 2 pencil, black ink,
or typewriter.

Del. to Lab.	DIVISION OF MEAT AND POULTRY	Rec. Div. M & P	BUREAU OF LABORATORIES
Date	Meat Collection Report		Sample Record
Date Sample Taken:	Sample No. M-	Retained	Lab. No.
Article as Labeled:		Yes No	Date Rec.
			Cond. of Cont.
			State Seal
			Identification
Collected From Lot of: (Quantity)			
Sample Consists of: (Quantity)			Sign. of Lab. Identifier
	Price Paid		
Sample Identified as Follows	SAMPLE NO. _____ SUB NO. _____		Date Seal Broken
INDIANA STATE	DATE _____		Sign. of Seal Breaker
BOARD OF ANIMAL	COLLECTED BY _____		
HEALTH			
Manufacturer			Anal. Started
Dealer			Anal. Finished
	Type of Sample		Sample Resealed
Establishment Person Identifying Lot:	Official		Sign. of Resealer
Inspector Receiving Sample:	Investigational		
Purpose for which sample was obtained:		SAMPLE STORAGE	
<input type="checkbox"/> Total Moisture <input type="checkbox"/> N.F. Dried Milk <input type="checkbox"/> Cereal <input type="checkbox"/> Added Moisture <input type="checkbox"/> Added Substances <input type="checkbox"/> Sodium Nitrite <input type="checkbox"/> Total Protein <input type="checkbox"/> Filth <input type="checkbox"/> Fat (Total) <input type="checkbox"/> Meat Protein <input type="checkbox"/> Soya Flour <input type="checkbox"/> Other		1. Pre-Analysis _____ 2. Post-Analysis _____ 3. Date Discarded _____	
REPORT OF LABORATORY			
<input type="checkbox"/> See reverse			
		Analyst	Date
LABORATORY CONCLUSIONS		MEAT AND POULTRY CONCLUSIONS	
Signature _____ Date _____		Signature _____ Date _____	

Control Number (Sample No.) _____

Item No.	Relinquished by	Date	Received By	Date
	Sign and Print Name		Sign and Print Name	
Item No.	Relinquished by	Date	Received By	Date
	Sign and Print Name		Sign and Print Name	
Item No.	Relinquished by	Date	Received By	Date
	Sign and Print Name		Sign and Print Name	
Item No.	Relinquished by	Date	Received By	Date
	Sign and Print Name		Sign and Print Name	



SAMPLE COLLECTION REPORT

State Form 2489 (R4/6-04)

**INDIANA STATE DEPARTMENT OF HEALTH
FOOD PROTECTION PROGRAM**

Date

Collected

Sample

Number **FP—**☐ From Consumer☐ Collected as Follow-up☐ Surveillance☐ Official

BUREAU OF LABORATORIES

Sample Record

Description of Sample (type of product, type and condition of container, complete labeling)

Lab. No. _____

Date Rec'd _____

Cond. of Cont. _____

Code(s) / Date(s) _____

State Seal _____

Identification _____

Sign of Lab Identifier _____

Amount of Product Before Sampling _____

Located in / Possession of _____

Amount Collected as Sample _____

No. of Containers (Subs) _____

Price Paid _____

Date Seal Broken _____

Sign. Of Seal Breaker _____

Sample Sealed with Official Seals Marked _____

Ana. Started _____

Ana. Finished _____

Sample Storage

1. Pre-Analysis _____

2. Post Analysis _____

3. Date Discarded _____

Manufacturer / Distributor _____

Address _____

Firm or Person in Possession of Lot _____

Person from Whom You Obtained Sample _____

Title _____

Reason for Sampling _____

Remarks:

☐ See CONSUMER COMPLAINT FORM attached.☐ See SUSPECTED FOODBORNE ILLNESS INVESTIGATION NARRATIVE REPORT FORM attached.

Signature of Investigator Who Collected Sample _____

Analysis Requested _____

Signature of ISDH Food Specialist Who Processed Sample _____

REPORT OF LABORATORY ANALYSIS

CONCLUSION AND RECOMMENDED ACTION

Analyst _____

Date _____

LABORATORY REMARKS

Sign. _____

Date _____

Sign. _____

Date _____

CC: _____



CONSUMER COMPLAINT REPORT

State Form 14993 (R3/6-04)

Health Department

INDIANA STATE DEPARTMENT OF HEALTH FOOD PROTECTION PROGRAM

Tippecanoe County

1.

☐
☐
☐

Bacterial
Chemical
Foreign Material

☐
☐
☐

Suspected Tampering
Food borne Illness
Mislabeling

☐
☐

Establishment
Other

Date: 12/29/2004

Reported by: Helen Neugebauer (Noygabower)

Phone: 463-2241

Complainant: Helen Neugebauer

Phone: (H) 463-2241

Phone: (Other)

Address: 2814 Ashland Street

City: West Lafayette

State: IN

Zip: 47906

Complaint: She bought a frozen pork roast shortly before Christmas at Aldi's. When they were slicing the roast into chops she found a bullet casing embedded in the meat. She still has the casing. She also has the container the meat was in. She has not spoken to anyone at Aldi's.

Injury/Illness ☐ Yes ☒ No If yes, symptoms:

Date/Time of Meal:

Date/Time of Symptoms:

Number exposed: 2

Number ill: NONE

Duration of Illness:

Physician/Hospital:

Address:

2. Establishment Name: Aldi's 449-4478

Food Involved: Pork Roast

Address: 957 Sagamore Pky South

County: Tippecanoe

Date of Visit: NONE

Time of Visit: NONE

3. Product Label:

Code/Expiration Date:

MFG.
Dist.

Name: Iowa Quality Meats

Address: Division of John Morrell
Clive, IA 50325

Pkg. size: 6.15 lbs

Place of Purchase: Aldi's

Address: 957 Sagamore Pkwy S, Lafayette, IN 47905

Date of Purchase:

"Shortly before Christmas"

Number on Hand: —

Number Purchased: ONE

Police/firm Notified:

NO

Contact:

Additional Info:

Sample Collected ☐ Yes ☐ No

Complaint taken by: Janice Bundy

County:

APPROVED

INDIANA STATE BOARD OF ANIMAL HEALTH

Use No. 2 pencil, black ink,
or typewriter.

Del. to Lab. Date FEB 23 2005	DIVISION OF MEAT AND POULTRY Meat Collection Report	Rec. Div. M & P	BUREAU OF LABORATORIES Sample Record
Date Sample Table of MEAT 2/18/05	Sample No. M- 467-2	Retained Yes <input type="radio"/> No <input checked="" type="radio"/>	Lab. No. 001240
Article as Labeled: Wieners Wieners			Date Rec. 2-23-05
Ingredients: Pork, Beef, Water, Salt, Natural Flavorings, Dextrose, Monosodium Glutamate, Paprika, Celery Powder, Turmeric, Sodium Nitrite, Red 3# Hydrolyzed Protein (Milk Gelatin) Sodium Phosphates, Sheep casing			Cond. of Cont. frozen
Collected From Lot of: (Quantity) 100 lbs			State Seal Intact
Sample Consists of: (Quantity) 1 lbs			Identification as noted
Price Paid			Sign. of Lab. Identifier AS
Sample Identified as Follows INDIANA STATE BOARD OF ANIMAL HEALTH	SAMPLE NO. M-467-2 SUB NO. _____ DATE 2/18/05 COLLECTED BY Steven A. Dally 27852		Date Seal Broken
Manufacturer Klemm's Sausage and Meats Inc. (Phone) 315 E. South, Indianapolis, Ind 46225			Sign. of Seal Breaker
Establishment Person Identifying Lot: Chris Muth	Type of Sample Official <input type="checkbox"/> Investigational <input checked="" type="checkbox"/>		Anal. Started
Inspector Receiving Sample: Steven A. Dally 27862			Anal. Finished
Purpose for which sample was obtained:		SAMPLE STORAGE	
<input checked="" type="checkbox"/> Total Moisture <input type="checkbox"/> N.F. Dried Milk <input type="checkbox"/> Cereal <input checked="" type="checkbox"/> Added Moisture <input type="checkbox"/> Added Substances <input type="checkbox"/> Sodium Nitrite <input checked="" type="checkbox"/> Total Protein <input type="checkbox"/> Filth <input checked="" type="checkbox"/> Fat (Total) <input checked="" type="checkbox"/> Meat Protein <input type="checkbox"/> Soya Flour <input type="checkbox"/> Other		1. Pre-Analysis _____ 2. Post-Analysis _____ 3. Date Discarded _____	
REPORT OF LABORATORY			
<input type="checkbox"/> See reverse <h1 style="text-align: center;">MEAT COLLECTION REPORT</h1>			
Analyst		Date	
LABORATORY CONCLUSIONS		MEAT AND POULTRY CONCLUSIONS	
Signature	Date	Signature	Date

1 of 1

INDIANA STATE DEPARTMENT OF HEALTH
P.C.B. and Pesticide Sample *✓ Vnt. A/D*
Collection Report

Plant Name: Holland

Collection Date: 2-9-05

Plant Address: Holland IN

Date Received By Laboratory: 2-23-05

SAMPLE NO.	PRODUCT IDENTIFICATION (STORAGE TANK NO., ROUTE NO., PRODUCER, ETC.)	LAB NO.	RESULT
8231	8 A4	73	REPORT ANSWERS HERE
8211	8 A2	74	
8214	JK5	75	
8212	Wermeyer	76	
8215	Scherzer 8A5	77	
8217	JK4	78	
8218	^{8A3} Scherzer 2-9-05	79	
8220	JW1	80	
8221	JK3	81	
8223	Scherzer 8A1	82	

Be sure extraneous markings on bottles are deleted. Sample number on bottle and this form must correspond. **DO NOT** combine samples from more than one plant on one collection report. Obtain approved sample containers from the State Department of Health Pesticide Laboratory.

Submitted by: *Jeff Tempel*
 Sanitarian's Signature

MILK
Collection Report